

# A Mental Health Program is Born

By MURRAY GRANT, M.D., D.P.H.

THE DEVELOPMENT of a mental health program in Cattaraugus County, N. Y., has been an avocation of many of the county residents and the county's civic and health organizations during the past few years. A major and tangible result of the community's efforts is a countywide mental health clinic, now established in the Cattaraugus County Department of Health and in operation since May 1954.

Cattaraugus County has a population of 80,000 and is located in the western part of New York State. Its main city, Olean, is situated 70 miles southeast of Buffalo. The county is approximately 40 miles long and equally wide. It is predominantly rural and would not be considered a particularly wealthy county compared with many others in New York State.

It was Dr. C.-E. A. Winslow who said many years ago that "It would be highly desirable for such a county as Cattaraugus to make at least a beginning in the recognition of its mental problems; and this could, perhaps, best be accomplished by providing a psychiatric social worker to serve jointly with the social service staff and nursing staff of the county department of health. Through such a worker the extent of the local needs could at least be visualized and the county prepared to take its part in the development of the future" (1).

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Mental health was recognized as a proper health department activity in the early days of the county health demonstration established by the Milbank Fund. As early as 1926 a psychiatric social worker was employed by the county health department, primarily as a consultant to the public health nurses. Although this experiment lasted only a few weeks, it showed that the importance of mental health in a public health program was recognized, even in those days. The New York State Commission for Mental Defectives has operated occasional mental health clinics in the county, and during 1924 and 1925 made 50 psychological examinations. In addition, Gowanda State Hospital, located just outside the county, has operated clinics within Cattaraugus County. These clinics are still maintained 1½ days a month, but they are now reserved for convalescent patients.

In April 1951, a Mental Health Committee was organized as part of the Cattaraugus County Tuberculosis and Public Health Association. This group became interested in stimulating a mental health education program. It held a number of meetings, distributed pamphlets, had several programs on the local radio station, and prepared news releases for publication in the local newspapers.

This committee proved there was an interest in the field of mental health, and, in March 1952, the committee was reorganized and renamed the Cattaraugus County Mental Health Society. It was still associated with the tuberculosis and public health association. Every possible effort was made to obtain representation from many interested individuals and agencies as well as to insure that the various geographic areas of

the county were represented. The following groups formed the nucleus of the society: county welfare department, Catholic charities, the clergy, county board of health, school authorities, parent-teacher associations, children's court, chamber of commerce, and the county medical society. In addition, members of the tuberculosis and public health association and the county health department became a part of the society. A factfinding committee was appointed at the initial meeting and asked to get information on mental illness and facilities in the county. This committee sought from various agencies and groups in the county answers to a number of questions such as:

1. What is the mental health need as determined by the number of patients in mental hospitals?
2. What preventive and treatment facilities are available locally?
3. What local professional groups are concerned with mental health?
4. What other community agencies or organizations influence mental health?

At the next meeting of the mental health society in May 1952, five committees were formed to investigate the various phases of the mental health situation which had been uncovered by the factfinding committee. These five committees had one of the following functions:

1. To investigate the need for a mental health clinic in the county.
2. To determine the need for, and practicability of, a psychiatric wing in one of the local hospitals.
3. To ascertain the best ways in which to disseminate mental health information.
4. To explore the possibilities of integrating mental health principles into the local governmental agencies.
5. To determine whether it would be desirable to promote local mental health groups in each community.

#### **Clinic Activities to the Fore**

Each of these committees met to discuss the problems to which it had been assigned. At the next general meeting of the society in September 1952, it was clear that the group had become particularly interested in mental health

clinic facilities. This was something tangible. This was a project which could lead to a sense of proud achievement and could form a base from which to approach the problems the group had found.

I need hardly interpolate that the county health department and the tuberculosis and public health association played a leading role in all of the foregoing activities and helped stimulate the mental health society by pointing out the possible avenues for exploration. At the same time a considerable number of news releases were drawn up to insure that the public was kept well informed of all developments.

The Committee on Mental Health Clinics became very active. Extensive inquiries and investigations were made. Speakers were obtained to talk on the subject at public meetings to which various civic officials were invited. People from all ends of the county attended the meetings.

The committee reported that Cattaraugus County had very little in the way of facilities to which the emotionally disturbed could turn. They could, of course, be committed to a mental hospital for observation and treatment. But this procedure was accepted with reluctance. There was no psychiatrist in the county, and, in general, residents of Cattaraugus County had to travel up to 70 miles for psychiatric care. Very few did this. The New York State Department of Mental Hygiene operated a traveling child guidance clinic one day a week. However, this service was very limited and did not, in fact, cover much of the county. Moreover, very little treatment was offered, and, since none of the clinic team members resided in the county, it was often difficult to reach them. In addition to this facility, the closest mental hospital, which was located just outside of the county, operated a clinic for adults 1½ days a month. However, this clinic was confined chiefly to patients convalescing from care at the mental hospital. The committee concluded that a mental health clinic was needed in Cattaraugus County. The remainder of the society agreed.

In the meantime, both the health department and the tuberculosis and public health association were active in stimulating local interest

in the project. While the association promoted and prepared mental health exhibits for the county fair, the health department was busy publicizing the matter widely. A mental health nursing consultant from the New York State Mental Health Commission was engaged to provide inservice training for the public health nurses. In addition, both organizations worked together in promoting the establishment of citizens' health committees in two communities in the county. These committees also helped inform the people of the area of the importance of mental health.

### **Funds and a Home**

The next problem was to determine how a clinic could best be established and how it should be organized and administered. Possible sources of funds were considered—the New York State Mental Health Commission, the schools, public subscription, and the county health department. At another public meeting it was finally agreed that the clinic could best be organized and administered as a division of the county health department. Accordingly, in May 1953, the chairman of the county mental health society asked health department officials if they could include an appropriation of \$30,000 in the department's budget for the year 1954 to establish a mental health clinic. This amount included funds for a full-time psychiatrist, clinical psychologist, psychiatric social worker, and a secretary. Although appropriated from county funds, 50 percent of the amount would be subject to State reimbursement.

In the meantime, health department officials had discussed the proposed clinic with the county medical society, with the county board of health, and with some of the prominent members of the county board of supervisors—the department's appropriating body.

In September 1953, the county board of health passed the health department budget, including in it \$21,240 for a mental health clinic for the year 1954. The difference in this figure and that suggested by the mental health society was due chiefly to the fact that the psychiatrist was to be employed on a part-time instead of

a full-time basis. A psychiatrist employed part time, it was suggested, could work 3 days a week for the health department and devote the remainder of his time to private practice. It was pointed out that not only would this arrangement be more likely to appeal to a psychiatrist, but also it was believed unlikely that the board of supervisors would pass a budget containing a salary high enough to attract a full-time psychiatrist. Plans to house the clinic in the health department and make other use of existing facilities helped keep the budget low. This, then, was the budget submitted to the county board of supervisors for their consideration.

Much now remained to be done to show members of the board of supervisors and the public at large why the mental health clinic was needed and how it would operate. A tremendous amount of effort was used by members of the mental health society and others through personal contacts, talks, and preparation of newspaper releases. In October 1953, the county medical society sent a resolution to the board of supervisors endorsing and recommending the establishment of a mental health clinic within the health department as proposed in the 1954 budget. This budget was adopted in November 1953 by the board of supervisors.

A psychiatrist, who met the required qualifications and was also socially acceptable to a fairly rural community that is not subject to much change was obtained and began work in the clinic in April 1954. Soon afterward all the other members of the clinic team were appointed, and the clinic actually commenced operation in May 1954.

### **In Operation**

The people in the county had shown a great deal of interest in the clinic. To retain and advance that interest an advisory committee was formed in March 1954 to help develop policies and procedures for the mental health clinic and to assist in interpreting the clinic's functions to various agencies and communities in the county.

The advisory committee was composed of representatives of the welfare department, children's court, Catholic charities, school authorities, the medical society, the mental health society, Alcoholics Anonymous, industry, the

tuberculosis and public health association, the county board of health, and the clergy. Actually, many of these persons formed the nucleus of the mental health society. The committee had its first, and very successful, meeting in April 1954.

In the first 3 months of operation there were 228 visits to the mental health clinic. The patients, both children and adults, were referred by physicians, the welfare department, clergymen, schools, public health nurses, and the children's court. Some of them came without referral. In general, the clinic sees all comers, although persons under the age of 16 are not interviewed until a parent has been seen. All patients have an initial orientation interview with the psychiatric social worker, who determines whether the patient requires psychiatric and psychological examinations. After completion of a psychiatric examination, the members of the clinic team meet to discuss the case and formulate plans for treatment.

The clinic has just started, of course. Much work remains in combining the clinic service

with an education and training program for physicians, nurses, school personnel, and others. We are headed in this direction, but we realize that it will take time. Already one of the community health committees mentioned previously has formed a mental health committee to work with the mental health clinic team, and I feel sure that many others will follow.

At present, we are in the process of interpreting the intake policies and procedures for the clinic to other agencies and groups. We hope to bring other members of the health department and other agencies and individuals into close association with the mental health clinic team so that the mental health clinic will form the nucleus of a complete mental health program that will reach into all areas of the county.

#### REFERENCE

- (1) Winslow, C.-E. A.: Health on the farm and in the village; A review and evaluation of the Cattaraugus County health demonstration, with special reference to its lessons for other rural areas. New York, Macmillan, 1931, 281 pp.

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## PHS Advisory Council Appointment

**Dr. Currier McEwen**, dean of New York University College of Medicine since 1939, has been appointed to the National Advisory Arthritis and Metabolic Diseases Council. Dr. McEwen is chairman of the Medical and Scientific Committee and a board member of the Arthritis and Rheumatism Foundation. He is also chairman of the Medical Advisory Council of the Masonic Foundation for Medical Research and Human Welfare and co-chairman of the New York University Study Group on Rheumatic Diseases. Dr. McEwen obtained his medical degree at New York University, and he was awarded the honorary doctor of science degree by Wesleyan University and by Marietta College. He served his internship at Bellevue Hospital in New York City. He was associated with the Rockefeller Institute from 1927 to 1932 and then went to New York University College of Medicine to become assistant dean and instructor in medicine.